FINDING AND GOING FORWARD: THE TWO GREAT CHALLENGES OF LONG-TERM PSYCHOTHERAPY

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The problem of success in psychotherapy becoming reversed is the subject of this essay, a subject mapped partially by previous authors in terms of those wrecked by success, by guilt, by negative therapeutic reactions, and so forth. The author proposes that the old dominating story of the patient’s life turns into an alternate story of success, which is apt to be awfully sudden in its tempo, strange in its metaphors, and unbearably painful in its setbacks, and proposes how these dissociated difficulties of transition can be anticipated and made manageable.

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ABSTRACT

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by Jim Gustafson, M.D.

This essay maps the transitional problems where the apparent success of an alternate story for the patient’s life suddenly turns into failure, as well as three crucial technical ideas for helping the patient not to slip or fall back or reverse his or her new advantages.
All of us who practice psychotherapy have had experiences of patients seeming to become successful, only to slip or fall back, often suddenly. Freud\(^1\) wrote of "the forces of conscience which forbid the subject to gain the long hoped-for advantage from the fortunate change in reality" (p. 318) in those wrecked by success. Breneman\(^2\) wrote of this "moral masochism" which insisted the burden of suffering be continued, largely because the alternate story of sadism was terrifyingly out of control. Asch\(^3\) wrote of the "perplexing...paradoxical increase in symptoms that may follow a correct interpretation" which he classified into the different kinds of "negative therapeutic reactions" based on various separation-individuation difficulties, including identification with an unkind or depressed mother, the fear of departing from her turning into further disrespect or injury to her or even outright violence, sadism or cruelty (as in Breneman's essay), or the departure being taken over by the doctor to impose his own will upon the patient.

What to do about these reversals of new success? The main line of technical doctrine in the psychoanalytic tradition calls for interpretation, that is chiefly description, of the demands of burdening super-ego or ego-ideal, and of the conflicting urges which could lead away from being so burdened, and of the transitional dangers I have just alluded to from Freud, Breneman and Asch\(^1-3\). This old burdening story is mapped out in these ways principally in two modes, in the relationship to the analyst where it appears as transference, but also in dreams.
The idea of helping the patient map out an alternative story to the old burdening story has kept recurring in the analytic literature, such as in the "new beginnings" of Ferenczi and Balint, the "corrective emotional experiences" of Alexander and French, and the "testing" for new outcomes in Weiss and Sampson, but these technical proposals continue to get rejected by the main body of psychoanalytic tradition, in favor of just analyzing (describing) conflict in existing (old) psychic structures.

This conservatism is often justified in terms of taking necessary precautions against imposing our own solutions to these old problems upon the patient in the form of suggestions which bring about "transference cures," in which the patient becomes some poor imitation of the doctor. Certainly, such impositions upon patients are commonplace when doctors think themselves apostles of truth who school their patients as disciples.

The opposite behavioral school of thought about mapping out new alternative stories knows little such hesitation, but proceeds directly to teaching patients standard ways to break out of old burdening stories and taking them through the necessary transition, from depressive thinking, from panic thinking, from phobic avoidance, from sexual inhibition. But they too notice certain kinds of patients unwilling to be conducted through the necessary procedure to get relief or unable to sustain the relief.

Interpersonal or family therapists tend to take a third position about helping the patient(s) map out and work out
alternative stories. Like Sullivan\textsuperscript{12} or Minuchin\textsuperscript{13}, they will not hesitate to tell patients when their alternative ideas are "routinely futile operations" (that will never work) or are downright "impossible."

Like White or Epston\textsuperscript{14-16}, they will not hesitate to share ideas with patients about how other patients have defeated similar old stories, but they also are very careful to invite the patient to become the author of his own new story, borrowing some, but inventing some as well. Like the analysts, they will map the "influence of the problem"\textsuperscript{14}, but they give equal weight to mapping the "influence of the person against the problem"\textsuperscript{14}. In this latter half of their method, they can seem like the behaviorists who are also devoted to action against the problem, but they do not propose the standard procedures as do the behaviorists, but invite the patients to choose for themselves among procedures which have been useful and their own creations.

In this third tradition, there tends to be a kind of optimism about patients being able to rewrite the old story of suffering into a new story of success in action for a new audience. When patients like those described by Freud and Brenman and Asch, who are fearful of their excesses when they verge on success, meet optimistic interpersonal or family therapists, there is some danger of the dangers of transition being underestimated. Usually, they are dissociated dangers, hidden in other compartments of the patient's mind from the compartment of the dominating, burdening story. So, when an alternate compartment or
story is entered, the troubles come on suddenly, often overwhelming both patient and doctor, so that the patient flees back into the old confining, burdening compartment which is like dull convention, or a confining church, or a dark fort. We will see exactly this in the three cases to come.

This is why the *anticipation and appraisal* of the transitional problems is altogether crucial to getting from burdening old stories to reliable new stories. Think of this transition as something like the transition from the Old World of Europe to the New World of America. Mapping out the Old Story of domination surfaces the conflicting urges held back by the Dominating Old Story, as well as the mounting costs of staying stuck. This increases the urge to leave for the new country.

Also, descriptions of New Stories in the New Country whet the appetite for departures. But only fools will leave without a reckoning of the difficulties of transition, such as having too few supplies for the journey, such as lacking a sturdy ship for the intervening storms, such as having an inexperienced captain with bad maps.

This essay proposes a map for these Atlantic crossings. In general, the Alternate (Transitional) Story is much more acutely dangerous than the Dominating Story (which destroys the patient more slowly). To get through the Alternative (Transitional) Story to a Reliable New Story means to keep from falling victim to its dangers. The chief dangers described later in this essay in the three cases are the dangers of sudden vulnerability, strange
proposals, and falling into unbearable pain. When patient and
doctor have failed to anticipate these transitional dangers, the
patient finds him or herself in a strange loop\textsuperscript{17}, in which the
Dominating Story leads to episodes which contradict the Dominating
Story and lead the patient into the Alternative Story, but this in
turn leads into these episodes of danger, which contradict being
able to stay in the Alternative Story and drive him back into the
Dominating Story. The tempo of the burdening Old and Dominating
Story is slow, while the tempo of the Alternative Story is sudden.
The atmosphere of the burdening Old Story is stifling, while the
atmosphere of the Alternative New Story is exciting but strange.
The feeling of the burdening Old Story is dull, but the feeling of
the Alternative Story is terrifying and unbearably painful. No
wonder these patients stay home in the first compartment. No
wonder that the troubles of the crossing are dissociated.

Figure 1 here

WHAT IS AN EXPERT IN LONG TERM PSYCHOTHERAPY?

What is most terrifying, and exhilarating, about life is its
reversals, or sudden changes of fortune. Patients are often stuck
in places where a little freeing up will sweep them into rapid,
dangerous currents. This common fate poses two great challenges
for working with patients on a long term basis. The first
challenge is to find the patient's position, which, being
vulnerable, must be well hidden in this predatory world. The
second challenge is to anticipate where freeing up and going forward will take the patient, before such a catastrophe or opportunity actually happens. I propose three chief devices for this reckoning, illustrated from my caseload, namely, interest in sudden changes of tempo, in distance or metaphor, and in unbearable pain.

Most of us who have had the fortune of having a good enough parent or two can learn to provide the background for psychotherapy, the steadiness of looking after someone\(^5,18\), whether the emphasis falls upon tackling resistances\(^19\), noticing injuries and responding with warmth\(^20\), insisting upon exposure\(^10-11\), seeing the interpersonal world\(^6,12\) or upon being and staying with that patient\(^21\). Just as with parenting, such a job is commonly managed more or less well. This kind of helpful world is linear in its responsiveness, the doctor responding with more empathy as called for, or more vigorous interpretation as called for, and conversely, sometimes less. This is commonplace.

A patient may not need more than this help on the river of lived time for the many stretches which flow along evenly. Someone to share the journey helps with morale and with doing more or less to get through. He or she will want an expert for the places where one will get hung up or swept ahead, where time stops, where time takes off with alarming rapidity. Usually the two difficult places are adjacent. A patient may find confidence slowly as she is understood in psychotherapy, seeming not to move at all out in the world of dating men, as if beached in her
apartment. Suddenly, she has met someone, fallen in love, and finds herself arranging a marriage with a dishonest man, a disaster not only for her, but also for her children, and perhaps their children as well. A reversal looms, through which fall generations.

The stakes may be much less, of course, perhaps the collapse of a career, or the making of one. The fate of a young baseball pitcher for the Milwaukee Brewers, Juan Nieves, points, I think, to the nature of the expertise which is wanted in our own field. When I recently heard the remarks of Chuck Hartenstein, the pitching coach of the Milwaukee Brewers, about Nieves in spring training, I suspected a transformation about to happen, from a failing rookie to a very fine pitcher. The coach said that he watched his men carefully in two situations, when they were struggling with pitches which were not yet working and when they were riding high with pitches sailing beautifully. Nieves, he said, was getting steadier in both crucial situations, neither getting in a panic in the first nor getting overexcited in the second. You can imagine my delight when I heard this young pitcher, used to giving up seven or eight runs late last season, threw the first no-hitter this spring in the history of the team.

If we could watch our patients in the way that Hartenstein watched Nieves, I believe we too might see startling improvements from one season to another. For our patients also may have fine talent, which is wrecked by their inability to stay unperturbed in situations which are failing and by their inability to stay cool
with thrilling new possibilities. Bad decisions about love, job or family can bring one into regions where ten or twenty years or an entire lifetime is lost.

Giving oneself over to long-term psychotherapy may be the most economical move in the world, for many, many patients. True economy will follow from being in touch with one’s own interests and from being able to anticipate where they get one in trouble. Children who are not discovered and followed become adults who are not quite there. Children who are not backed through the downfall of various hopes and halted in the excesses that are natural to them become adults who are poorly equipped for the inevitable ups and downs of this life.

Unfortunately, life is not often a charmed loop, where one success sets up another, but rather often a strange loop, where one success sets up a series of failures. Think again of Nieves. Since his famous no-hitter, he has pitched three games as bad as last year. Something in his triumph upset his coherence. He may receive enough expert help from Hartenstein, again, to collect himself to go forward. He may not and be sent back down again to the minor leagues. Such junctures call for experts, in baseball and in life itself.

What kind of relationships will help our patients to be found by us? To be sustained in continuing to go forward with increasing vigor? Each of the schools of psychiatry has its own reply, of course, and each is right for some patients. I think we must learn about possible, helpful relationships from all of the
schools. The richer we become in our tools, however, the more we require relatively simple concepts to stay organized. How best to organize oneself as a doctor is surely an individual matter, as V.S. Naipaul suggests about the related work of being a writer:

"The knowledge or experience a writer seeks to transmit is social or sentimental; it takes time, it can take much of a man's life . . and it takes great care and tact, then for the nature of that experience not to be lost, not to be diluted by the wrong forms. The other man's forms served the other man's thoughts."24

For me, the most useful form is to think of finding and going forward with my patients. I will try to explain what devices are most essential to such work.

FINDING AND GOING FORWARD

Finding where and when and how our patients live is no small matter, for hiding ourselves behind a mask is what we must all do in the world. As Havens has remarked, the brain is in the cranium, but the mind need not be in the room.

For finding, maps of the possible coordinates of space and time in which we may seek our patients are indispensable. I call this in my first book the great architecture of the world of psychotherapy.6 What I am talking about is a world in which
powerful interventions have been discovered at many different developmental levels of the mind and upon fields of observation of entirely different scale. Think of this world both in its vertical and horizontal dimensions.

Consider, for example, how Erikson imagined eight stages of psychosocial development, one superimposed upon the other, trust, autonomy and so forth, in a vertical hierarchy. Consider, also, how Erikson imagined children playing out their difficulties on stages of entirely different scale, from the autocosm of the child's own body, to the microcosm of play, to the macrocosm of the interpersonal stage, these stages, ever larger, stretching out in a horizontal succession. Whether or not you borrow Erikson's categories, vertical or horizontal, you may at least see what enormous latitude and longitude that we have when we set out to find our patients.

But where is one to focus one's flashlight of consciousness in this enormous dark world of the patient's mind which is so deep and wide as I suggest? One may listen at different developmental levels. I prefer Gedo's scheme as a vertical frame of reference. One may watch upon fields of observation of altogether different scale, by varying the grain and extent of the field. I prefer my own scheme as my horizontal frame of reference. You will do well to choose your own.

With such coordinates, one listens and looks to find the patient's present position, hoping to take up the loose end of his or her preoccupation. This finding and following will prove
difficult in the changes and turns. Listen to where the stress falls, in Hazlitt’s characterization of Shakespeare, who had the capacity to follow and anticipate in greater measure than any human being we have ever seen in the world. I borrow the passage from Walter Jackson Bate and Alfred Margulies:28

"He was nothing in himself; but he was all that others were, or what they could become. He not only had in himself the germs of every faculty and feeling, but he could follow them by anticipation, intuitively, into all their conceivable ramifications, through every change of fortune, or conflict of passion, or turn of thought

... He had only to think of anything in order to become that thing, with all the circumstances belonging to it."

Why will I emphasize the very different feel of each of these turns, and the very different timing? Because, I will argue, that every case turns exactly on being able to follow the patient through these turns, to catch the sudden tempo of them, to traverse the distance fallen, which is a very individual matter. They become bearable, as the doctor is able to go through them with the patient.

I am reminded of several stories for children by Maurice Sendak, but especially In the Night Kitchen,29 where the boy
literally falls through the house into the night kitchen. In reading this to our children, we go through the fall with them. I am reminded of my six year old daughter who came into our room one recent night, saying that she had three bad dreams, but she didn’t want to tell us what they were, because she just wanted them to go away. One, she allowed, was about something that lost its mouth. As she hoisted onto my back for a piggy back ride back to bed, she asked if they would come back. I said they might, and they might not, but we would be there if they did. I was saying I would carry her through the difficulty, should it appear, so its reappearance need not be so dreadful. If the reverse came, we would take it in stride.

As I listen to my patients, I feel like I am listening for falls that come suddenly in the house at night, from different floors and extending outward onto planes of very different scale. I hope you have some glimpse of the class of all reversals which has no name.

THE CLASS OF ALL REVERSALS WHICH HAS NO NAME

I want to be entirely precise in explaining why this class of all reversals has to be nameless. A reversal is, following Aristotle, "a change of fortune." However a reversal is not limited to tragedy. The Marx brothers turning the opera upside down is a farce. A reversal need not be a catastrophe, but rather a deliverance from convention, a great opportunity. The shape of possibilities may change utterly, but our feeling about the
reversal of prospects may be colored as tragedy, comedy, melodrama or farce. As the shape and mood in which the reversal is caught varies, so varies the name of the reversal.

Sashin\textsuperscript{31} and Callahan and Sashin\textsuperscript{32} point out that this is the realm of catastrophe theory, of sudden discontinuities. They build remarkable geometric maps from the equations of catastrophe theory. Since three dimensional slices of ten dimensional spaces generate three dimensional surfaces in their "double cusp catastrophe theory model," we may grasp where the dangerous "bifurcation zones" lie for our patients. I have been doing this independently and more informally for several years, in the topographic way in which I take notes listening to my patients: chutes upward, and downward, stretches forward which abruptly double back, and so forth, prepare me for the dangers in the worlds of my patients.

What Sashin and Callahan and I are getting at is something more than "being and staying" with our patients, as essential as that is, more than falling with, carrying, catching or helping to bear unbearable pain, as essential as that is. We are talking further about the anticipation of these sudden and extreme stretches, because what is anticipated may be met with skillful movements, ridden without drowning\textsuperscript{33}.

But notice the difficulty in referring to the entire class of reversals as "catastrophes." The word colors the field darkly so we would lose sight of sudden reversals as bright opportunities. These words are so moody (Les Havens, personal
communication) that they take us over. This is why the class of all reversals must remain nameless, allowing us to move more freely from any mood to an opposite current. Conversely, any form that we imagine will hide other forms which may be our undoing.

But my saying this is only a matter of the convention that I propose to follow and to explain to my readers. Callahan and Sashin suggest two common conventions in these "bifurcation zones" which are so dangerous (and thrilling): the Delay Convention and the Maxwell Convention. The Delay Convention is to carry on as usual, a convention which is chiefly referred to in the classical analytical literature as maintaining a "constant attitude"6,34. The Maxwell Convention is to act in such a way as to feel strong or feel secure, whether or not the action diminishes actual capability, a convention referred to in the interpersonal literature as a "security operation"6,12, which is based upon "selective inattention."

A third convention recommended by Callahan and Sashin, and myself, is to focus on ways to go forward, to find a "tunnel" through these strange spaces. Without such a third convention, the overwhelming tendency will be to revert to the Delay or Maxwell Convention, to the "constant attitude" or the "security operation," in which as little as possible will happen. I believe this is the chief explanation for why so many patients move so slowly, or not at all, or backwards.

The difficulty is that such a person could go forward quite easily, all too easily. If half alive, she could be dangerously
alive. If timid, he could be bold. If lacking love, she could be deeply loved. Usually, however, such a step forward throws the patient into sudden, fast stretches, into chutes upward and forward, which can go well, until they suddenly become catastrophic. The Tin Man and the Straw Man and the Lion and Dorothy find that there is no linear progress on The Yellow Brick Road, but rather they are swept all over Oz by enormous forces once they dare to go forward at all.

This is why such patients need experts, who can extrapolate with them into these stretches of the river of lived time and space which are entirely non-linear and even strange\textsuperscript{14}, such that the more you go forward the more you end up backwards, the higher you go, the farther you fall. What such experts do, I say, is to find the patient, and to help him or her go forward. I am talking about a ten- or twelve-dimensional space which can be translated into two-dimensional curves or three-dimensional surfaces\textsuperscript{31,32}. This is the double description I recommend. Finding may be exceptionally difficult, calling for the resourcefulness of a Sherlock Holmes. I will say less about this, since the territory is so beautifully described by such writers as Winnicott\textsuperscript{18} and Havens\textsuperscript{21}.

But even when the patient is eager to be found out, such as Dante himself in the opening of the Inferno\textsuperscript{35}

"Midway in our life's journey, I went astray from the straight road and woke to find myself alone in a dark
wood,

even then the journey is strewn with reversals. For this journey, the patient depends upon someone who can map them, catching the sudden shifts in tempo, into non-linear space for which metaphor is indispensable, all of this to anticipate where feeling will be unbearable. This allows going forward that is tolerable in its demands. I do not mean to reduce the other dimensions of the relevant space to these three, but they do have a privileged place in distorting what happens.

MISGIVINGS

I would like to indicate the misgivings which would be most intense among my colleagues in psychotherapy, given my argument for my own bearings, before I take us into the principal devices necessary to my own work. I would refer to these misgivings as derived from two widely shared positions in the field, the first from the position of what I call minimalism in brief psychotherapy, the second from the position of the most common long-term therapy, namely, that of classical psychoanalytical psychotherapy.

From the perspective of minimalism, the chief and only concern is to get the patient out of his or her rut and onto a new and better road, the sooner the better. The devices may be the psychopharmacological drugs, the exposure work of the behaviorists, the ploys of the strategic therapists, the paternal
authority of the structural family therapists, and so forth. If
the patient is stuck in the old world, get him sailing to a new
one. There is no idea more American, more useful and more
verified by daily practice.

Yet it is based upon a myth, which may be as misleading for
some as it is true for others: namely, that being put on a good
road takes care of our difficulties. It may very well not. That
road may not be my interest. The individual put there may not be
me. Furthermore, that road may increase my risks. I protected
myself better staying home. The burden of history is not dropped
so neatly (Michael Moran, personal communication). I have argued
in my first book, *The Complex Secret of Brief Psychotherapy*\(^6\), that
minimalism need not be so naive, but I know all too well that its
practitioners will decry, vehemently, what I say to be necessary
to find and sustain many, many patients in long-term
psychotherapy. They may not even see that finding and sustaining
are needed.

The most common perspective of long-term psychotherapy,
namely, of classical psychoanalytical psychotherapy, will continue
to prefer its own language of conflict, especially as conflict
emerges in the transference relationship with the doctor. As
Glover\(^{19}\) puts it, "Patients do not change much: the disorders do
not change much. The transferences continue to run their simple
but powerful courses undisturbed by theoretical advances." Given
this kind of assurance, it would be fair for someone like
Brenner\(^{26}\) to say to me as he said to Gill about new thinking: "It
is incumbent upon him to state the reasons for concluding that the
current theory and/or practice are inadequate and to present
evidence to support the view that his innovation is superior in
one or more respects."

My reply is that conflict is relatively simpler than most of
what we are called upon to manage, for the opposing currents are
both present in conflict. I find dissociation far more common in
my own patients, as will be evident in the three cases which
follow. Presently, my patient may be snug in his fort, relatively
in compliance with his father's precepts. Later, my patient will
be abroad in great excitement, throwing caution to the winds.
These two currents will be joined by a very narrow and sudden
passage, which will make their juxtaposition in his own
imagination altogether fleeting. This will keep my patient in
alternation between these two dissociated worlds, indefinitely,
without help that can bring the dissociated worlds together. My
patient will lack what Mann (unpublished) calls self-possession
(both subjective and objective). I will be describing what
devices are necessary to such work, which take us far afield from
conflict. Without such devices, we are likely to see the patients
in our offices keeping to their forts, their dull picnics and
their church socials, behind the walls, as Reich 6, 34 would say, of
their constant attitude which has kept them from danger, or within
their security operations, as Sullivan 6, 12 would say, of selective
inattention. There will be glimpses of excitement, of breaking
out, of transference enactments, but they will not be sustained.
That many working in this great tradition are already doing more than interpreting conflict, especially as it emerges in transference, I do well believe, but I do not believe their own language does them justice.

DISSOCIATION

The simplest way for me to explain where my emphasis falls is to say that dissociation is a broader class of ideas in psychiatry than is conflict, which is only a part of that broader class. All the schools of psychiatry discover dissociation as a crucial finding, that is, that there are states of mind, tremendously opposed or opposite in urge, feeling, thought, perception, social world, and so forth. 37

The explanations vary between the schools over what brings about dissociation, since each school is looking at a different field of observation of different grain and extent: The instincts involved collide violently in the little scenes in which they are brought together. They are sent away by the civilized mind. 38

The dissociated urges are too dangerous to security to be known. When kept out, life can proceed in focus without unbearable anxiety. 6,12 The social world has selected different urges for different occasions. Now is the place to display one's prowess, now is the place to lie low. 10 No one has been there to place himself with what is dissociated, to gain its allegiance, so it can be brought home again. 37 The transitions between the dissociated states come as reversals of fortune, needing to be
borne and then anticipated\textsuperscript{40}.

Now I would like to anchor this potential space and time of dissociation in three illustrations, concerning tempo, metaphor and unbearable feeling, for you to see if the music has changed.

TEMPO IN THE CASE OF THE TRANSPORTED DAUGHTER

Tempo is crucial for numerous reasons, two of which I would emphasize. One is that dangerous currents build unseen in places that seem not to move at all, in places that look like innocent "gliding." These slow stretches give us time to extrapolate ahead to the fast periods, so we and the patient are ready for them. Dreams are tremendous for such anticipation, forewarning of the rushes to come. Callahan and Sashin\textsuperscript{32} argue from clinical evidence that patients with low tolerance for containing feeling, with low capacity to talk about feeling in words, cannot go forward without such work that enlarges the capacity of the imagination. I suggest in the following case illustration that the emphasis needs to fall upon the sudden jumps in the dream, where the patient is "transported" from one space to another.

A patient who had seemed very timid with me in weekly sessions for nearly two years presented the following dream in session seventy-four. By way of preface, allow me to say only that she has lived an isolated working life, with some gay friendships in the past, with some dating of men over twenty years ago. By way of explanation of how I work with dreams, let me just say that I proceed in the traditional way by asking for
associations to all elements which are presented. Limitations of
time oblige me to abridge the work of several different hours in a
few paragraphs.

The dream begins with her being in a class in a Victorian
house, resenting being talked down to by the teacher. I am
sitting to the side. She catches my eye and wanders out, finding
herself in the kitchen of the house. The associations here are to
being half in and half out of church social situations as a
teenager by being in the serving crew in the kitchen. Down a back
stairway comes a former lesbian partner, and, suddenly, she is
"transported" to the top of a cliff, where, holding hands, she and
this lesbian partner jump into a lake far below. As they sink
through the water, she can feel in her body the vibrations of the
engine of an enormous boat overhead. Finally, she touches bottom,
lets go of the hand of the lesbian partner, pushing up, but wakes
up in fright that she can't reach the surface.

This dream has two reversals, with a terrifying suddenness
about them. One is in being "transported" out of the church
social to the jumping off the top of a cliff. The second is in
the turn around at the bottom of the lake, touching bottom,
letting go of the lesbian friend, pushing off for the surface,
only to discover she is under an enormous, vibrating boat, unable
to reach the surface.

What I did with these two reversals was to say that no
matter how careful she was in edging out of her Victorian prison,
she could suddenly find herself transported by extremely powerful
feelings of a sexual nature. This helped her return to her last, disastrous romance with a young girl, which she fell into before she knew what happened. The lurch of that experience came back to her. Then I suggested that letting go of this lesbian world could suddenly discover a worse terror, being under a man.

Two months later, in session eighty-three, she presented "a little clip" of a dream, of being in a small plane, where she could watch the pilot up ahead of her, easing down into a beautiful, dark, green, leafy woods, which reminded her of walks with her father as a child. The amazing aspect was that there was no fear in the descent, but a gliding like a bird. The lurch came at the end of the hour, when she was obliged to come out of this reverie, onto the hard, cold surface of going back into the world. The stress fell there, I suggested. She could draw on the remembrance of a loving relationship with her father, but then the fall from this grace made her cry out, it hit so hard and suddenly.

The next week, in session eighty-four, I got a dream of a man insisting he knew her, because he could mention the name of a place from her college days, of riding and hunting where she had been happy, who then "grew on her" in two amazing ways. One is he zoomed from small to tall before her eyes, as if she were Alice in one of Lewis Carroll's stories, and, dancing with him, she felt his penis growing in size: clearly a new reversal looming right in her path (in the transference).

This progression of dreams is typical, I think, of how the
horsewoman may gather excitement to "go forward" as the terrifying and extremely painful falls are caught in all their suddenness. This makes them less terrible, the dread having come from falls being poorly anticipated. The girl-child lies in shock, alone, on a cold wet field, wrecked in the trees, or drowning under a thunderous boat, or set upon by an exciting, insistent man, in seconds. The rhythm, the instress must be caught, for the horse to be allowed to gather its momentum again.

Indeed, the horse is likely to stand stock still, from dread that thrilling movement will take one of these awful turns. That is why persons caught in this old story tend to be alarmed by friendly behavior of helpers and by steps of success (by what Michael White calls "unique outcomes") and tend to revert back to their vigilant postures. Sullivan noted this very well:

"Thus, while the therapist ordinarily should try to make things run rather smoothly, with the paranoid person he should go to some trouble to make all implications, especially the unpleasant ones, very clear . . . That is the trick, for if he feels that I am possibly a little bit tough, the greatest problem a paranoid person has -- people who get 'friendly' toward him -- does not arise. Such people give him a feeling of acute disadvantage. That is what anxiety is; it is a warning of impending disadvantage, and calls out suspicions and various 'righting movements.'
Thus, these persons do ever so much better when their helper keeps a firm distance and when they can borrow his map of the necessary terror that follows their steps forward. Then they can be ready for it and not give in to it altogether and even make plans to defeat its grip on their lives. 49.

METAPHOR IN THE CASE OF THE ORANGE SEAPLANE

Reversals cover great distance in a very fast time. Besides the rhythm of talking, there is one other way we can follow the enormous, sudden passages with our patients, as Walker Percy 50 (p. 64) shows us so beautifully in the open examples of "Metaphor as Mistake":

"I remember hunting as a boy in south Alabama with my father and brother and a Negro guide. At the edge of some woods we saw a wonderful bird. He flew as swift and straight as an arrow, then all of a sudden folded his wings and dropped like a stone into the woods. I asked what the bird was. The guide said it was a blue-dollar hawk.

Later my father told me the Negroes had got it wrong: It was really a blue darter hawk. I can still remember my disappointment at the correction. What
was so impressive about the bird was its dazzling speed and the effect of alternation of its wings, as if it were flying by a kind of oaring motion."

Percy notes with I.A. Richards that the bow of metaphor may be slack or taut, bringing about discoveries from nearby or from very far away. Thus, the boy goes flat with the correction of the "blue darter hawk," while the great distance from a once in a lifetime flight of an extraordinary oaring and falling bird to a "blue dollar" carries the thrill of the passage. The metaphor allows us to retrieve the passage between the ordinary and the thrill. The destruction of the metaphor, in the correction, allows us to see the sudden undoing of the thrill.

Listen to how metaphor carries a sudden, enormous distance for another patient of mine, a woman I am just getting to know. Allow me to say only that I knew already that she had felt unwanted as a child and that much of her fantasy about escaping the farm was to become a hostess of a game show.

In her tenth session, she related the following dream. She was on the ground. She heard a plane overhead. The CB radio said it was in trouble. It crashed immediately. She felt glad she was not in the plane.

Her associations to being on the ground came to what she called "an average, basic, regulation picnic," which was boring. Her associations to the plane suddenly put before us "an orange seaplane" (which was giving rides) she had once seen on a lake in
northern Wisconsin. Finally, most extraordinary, the orange seaplane "feel straight down like rain." When I asked her to let her mind go with the falling straight down like rain, she became very frightened saying that she didn’t know where that would lead.

I told her I understood that she could feel I would not protect her. I recalled her having begun the hour talking about fear of losing control to me, her remembering trying to talk to her father as a child, until one day he yelled at her to shut up because he was watching television. That was the last chance she ever gave him to listen to her. I said to her that she puts men in control, but she cannot follow them because they do not look out for her. At this point, she began to cry quietly, saying, "It’s too painful. No one ever has."

The dream was to have a very big effect on a very practical matter. The following, eleventh session, two weeks later, she told me she was tempted to borrow a huge sum of money to buy a business from a charming, exciting man who was pressing her hard to take it on. I suspected a disaster in the making, worse than the four disappointments of love with four charming men in the last two years, all of which had crashed, for this would not only hurt but throw her deeply into debt. I told her that I could understand her wanting the thrill of the ride, which would get her out of the "average, basic, regulation picnic" of her dull, boring life, but that I could not tell if this orange seaplane was put together badly, so-so, or well, and that I doubted that she could tell either.
The metaphor let us get back and forth between her dullness and her taking an exciting ride, however foolish. Then, for the first time in her life, she told me in the twelfth session, she actually turned down the ride, after consulting with several business friends. Now she was very sad. One final turn, which some of you have already anticipated. In the twelfth session, she entrusted me with a very terrifying dream, which explained why she had been so desperate to jump on any orange seaplane that came on her lake. The gist of it was that she was visiting her parents' home, where a crowd was gathered as for a wake. Her aunt showed her a burglar and fire alarm system in a special room, which seemed to make some sense, until she went upstairs, becoming suddenly aware that it was all stone up there and that there was no room for herself. Her sister was terrified for her, but wouldn't tell her what for. A certain uncle who was kind might explain, but the family wouldn't let her near him. Then she had the terrifying thought herself, "I am the fire, for which they have the alarms." My following the great sudden distance carried by one metaphor has aroused enough trust to allow her to give me one even more unbearable.

Goldberg comes close to my use for metaphor when he talks about the need for images to carry in transit, often missing for neglected children who did not share images in common with parents that might tide them over difficult stretches of time or distance or experience. He writes of the patient's need for owning and holding the analytic hours even while he or she is on vacation.
Winnicott would put the need in terms of "transitional objects."

I mean both of these uses, but I also mean to point again to a larger class, that metaphor can get us from any part of the mind to any other part, suddenly, across a huge distance. Metaphor has more range than covering separations. I think the best word for the entire class is the word of Gerard Manley Hopkins for such inward territory, namely, "inscapes". The great, sudden distance traversed by an inscape such as the distance from "an average, basic, regulation picnic" to an "orange seaplane that fell like rain" gives what is most individual about an individual. No one else covers that distance but her.

THE ANTICIPATION OF UNBEARABLE FEELING IN THE CASE OF THE MAN IN HIS FORT

Often times the very surface of the hour, its manifest content, so to speak, will show where the turn or drop or reversal falls. In the Case of the Man in His Fort, the patient's dream in the thirty-first session was as follows: He is moving into a house which has one bedroom upstairs, which is connected by a strange passageway to the downstairs, where lives his father who is guarding the place. He goes downstairs to receive a delivery and begins rising, unable to stop.

His associations to the bedroom connected by the slanting strange passageway are to the famous fortress of Cartegena in South America he once visited, "very defensible in an ingenious way" since the passage magnified the sound of possible assailants.
This arrangement reminded him of himself being overweight, which he feels makes him invisible so that he overhears indiscretions in his presence.

His thought about his father is that he is less and less willing to bow to him. His rising reminds him of a period of sexual exploration in college in which he felt alive "head to toe," which led his father to denounce him as "immoral." Now telling this, he begins to cry admitting, "He was right, I cared more about sex than anything." I say, "Yes, but your dad mistook this part of you for everything." He replies that the house in the dream is the new one he bought with his girlfriend, which he very much wants to hold onto, fearing to lose the house and her if he allows himself to feel his hunger for being fully alive. I say I understand both, that he wants to be fully alive and he wants to keep his house, his security. He is enormously relieved.

This reversal is well marked. I do not have much difficulty so long as I put the stress on the "rising, unable to stop." The distance traversed by the metaphor, from the Cartegena fortress to the rising out in the open, finds this individual in his preoccupation, which brings out and goes over the most unbearable fall in his life, being denounced and disowned by his father.

But sometimes I find myself dispersed over a wide space and time, with no apparent center to the hour, as I was with this patient in his seventy-first session. He spoke of getting a blinding headache, after seeing the father of a three year old child, whose mother was snatching the child back in a custody
battle. He spoke of a dream fragment in which a friend's mother
didn't like him, from which he awoke with a "gut-wrenching
sadness." He spoke of a forthcoming visit to high school friends,
who might tell him more about his mother.

Since we were dispersed across many fields, at several
possible levels, I asked him what he wanted to take up, whereupon
he indicated the dream and told me that he had hoped this friend's
mother might "like me and be interested in me." Indeed, she
seemed to for a while, then dropped her interest. Indeed, his own
mother seemed to brag of him until his brother was born when he
was five. Indeed, his best friend was also taken away then.
Suddenly, I could see the reversal, like a hidden hole in this
huge dispersed space and time of our hour. I said, "And now you
have been getting me twice a week, instead of once. You get a
break..." He finished my sentence, crying, "...and it will all
come down."

This is not unusual that we are given hints, on several
fields, at several levels, but we are supposed to anticipate,
to get there first, to where the fall lies The patient
then falls, with great feeling. The individual needs the
acknowledgement of what he must have felt, from someone who can
traverse the great distance, as between being liked, and
denounced. What he is about is found. Taking such falls, until
they become bearable, will allow him to go forward to being liked
again.
AN INDIVIDUAL AGAINST A BACKDROP OF SCHEMES

In closing, I want to bring out an opposition implicit in this essay from the first several paragraphs, but tightening as I go along. On the one hand, I have posed the great architecture of psychotherapy affording us a backdrop of possible levels and fields of observation. On the other hand, I have posed tempo and metaphor and the anticipation of unbearable pain as the chief devices for reaching individual patients. Such as in my cases of The Transported Daughter, The Orange Seaplane and The Man in His Fort.

Both of these emphases run risks. A scheme of levels and fields which is useful as a background for locating and finding someone may become overused. Then the individual is lost in the scheme, as Walker Percy writes, "falling prey to valid theory...What is wrong is a certain loss of sovereignty by the patient" (p. 185). As Margulies suggests, "The investigatory methods, by their very nature, should resist routinization."

The existential tradition, which would put aside schemes and welcome an interest in the particular rhythm and metaphor and pain of an individual, has its own trouble, however. Without bearings, we may follow patients with exacting fidelity, becoming lost in individual worlds. I could never understand how "being" and "staying" could help all patients get better. I could see it would be a comfort, but it seemed to me that such comfort might often fail to make a difference. The comforted may be unwilling to go forward.
This is why it is helpful to me to pose the class of all reversals, because I am set to the task of imagining for myself what falls must be taken, must become bearable, for this particular individual to go forward again. I hope you will hear more here than my intellectual or cognitive interest, more than my curiosity which is alerted. I am talking about taking these falls with my patients, as I take my six year old daughter on my back. Going forward boldly is only possible when the likely or possible falls can be taken, easily. Otherwise, we plod, or stand still, or edge backwards\textsuperscript{42,43} (Steven Stern, personal communication).

Taking such an interest is not overly mysterious for me, yet I feel I am proposing tremendous latitude and longitude for my patient to place him or herself. Levels and fields sketch possible rides and falls, but individuals will ride them on their own terms. I hope it is evident to you by now why the class of all reversals can have no name, for it is an unbounded set of possibilities through which we seek to catch what has befallen and what will befall us.

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Figure 1. The Strange Loop of the Old Story and the Alternate Story.